



# Application for Cemetery Property Tax Exemption

Property Tax  
**Form 50-120**

Appraisal District's Name

Phone (area code and number)

Address, City, State, ZIP Code

**This document must be filed with the appraisal district office in the county in which your property is located. Do not file this document with the office of the Texas Comptroller of Public Accounts. Location and address information for the appraisal district office in your county may be found at [www.window.state.tx.us/propertytax/references/directory/cad](http://www.window.state.tx.us/propertytax/references/directory/cad).**

**GENERAL INSTRUCTIONS:** This application is for use in claiming a property tax exemption on property that you own and that is used exclusively for human burial pursuant to Tax Code Section 11.17. This application applies to property you owned on Jan. 1 of this year or acquired during this year.

**WHERE TO FILE:** This document, and all supporting documentation, must be filed with the appraisal district office in the county in which your property is located. Location and address information for the appraisal district office in your county may be found at [www.window.state.tx.us/propertytax/references/directory/cad](http://www.window.state.tx.us/propertytax/references/directory/cad).

**APPLICATION DEADLINES:** You must file the completed application with all required documentation beginning Jan. 1 and no later than April 30 of the year for which you are requesting an exemption. If you acquired the property after Jan. 1 of this year and wish to qualify for the exemption this year, you must apply before the first anniversary of the date you acquired the property, or before the first anniversary of the date any property was acquired after Jan. 1.

**DUTY TO NOTIFY:** If the chief appraiser grants the exemption, you do not need to reapply annually. You must reapply if the chief appraiser requires you to do so, or if you want the exemption to apply to property not listed in this application. You must notify the chief appraiser in writing if and when your right to this exemption ends.

## OTHER IMPORTANT INFORMATION

Pursuant to Tax Code Section 11.45, after considering this application and all relevant information, the chief appraiser may request additional information from you. You must provide the additional information within 30 days of the request or the application is denied. For good cause shown, the chief appraiser may extend the deadline for furnishing the additional information by written order for a single period not to exceed 15 days.

## State the Year for Which You are Applying

Tax Year

## STEP 1: Ownership Information

Name of Property Owner

Mailing Address

City, State, ZIP Code

Phone (area code and number)

Property Owner is a(n) (check one):

Individual

Partnership

Corporation

Other (specify): \_\_\_\_\_

## STEP 2: Applicant Information

Name of Person Preparing this Application

Title

Driver's License, Personal I.D. Certificate, or Social Security Number\*

If this application is for property owned by a charitable organization with a federal tax identification number, that number may be provided in lieu of a driver's license number, personal identification certificate number, or social security number: .....

\* Pursuant to Tax Code Section 11.48(a), a driver's license, personal I.D. certificate, or social security number provided in an application for an exemption filed with a chief appraiser is confidential and not open to public inspection. The information may not be disclosed to anyone other than an employee of the appraisal office who appraises property, except as authorized by Tax Code Section 11.48(b).

**STEP 3: Property Information**

Address, City, State, ZIP Code \_\_\_\_\_

Legal Description (if known) \_\_\_\_\_ Appraisal District Account Number (if known) \_\_\_\_\_

Is the property used exclusively for human burial? .....  Yes  No

Is the property being held for profit? .....  Yes  No

**STEP 4: Certification and Signature**

By signing this application, you certify that the information provided in this application is true and correct to the best of your knowledge and belief.

**print here** → \_\_\_\_\_  
Print Name Title

**sign here** → \_\_\_\_\_  
Authorized Signature Date

**If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Penal Code Section 37.10.**